

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS							*				
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.		DEP.		IND.	
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TOTAL DEP.		↓		↓		↓		↓		↓	
TOTAL CLAIMS		↓		↓		↓		↓		↓	

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS